Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS for maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: The certificate of mailing below can only be used for domestic mailings of the Fee

REED SMITH LLP **SUITE 1400** 3110 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042

12/27/2005 MBEYENE2 00000007 10809465

01 FC:1501 02 FC:1504 03 FC:8001 1400.00 OP OIP

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate

Certificate of Mailing
I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States
Postal Service with sufficient postage for first class mail in an envelop addressed to the Box
Issue Fee address on the date indicated below.

	(Depositor's name)			
	(Signature)			
	(Date)			
ATTORNEY DOCKET NO.	CONFIRMATION NO.			

1004	200.00	OP	CAN HOUSE	57			(Date)	
104 8001 APPLICATION N			INVENTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/809,465	03	03/26/2004		o Miura	ASAM	1.0117	7641	
TITLE OF INVENTION: S			ER WITH A NO	ONVOLAT	ILE MEMORY AS	S A CACHE M	EMORY AND	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION	ON FEE	TOTAL FEE(S) DUE	DATE DUE		
Nonprovisional NO		\$1400	\$300	,	\$1700	1700 02/14/2006		
EXAMINER		ART UNIT	CLASS - SUBCLASS		•			
ELMORE, STEPHI			711-133000					
form(s) and Customer I Change of corresp attached.	nce address or indication of E lumber are recommended, but ondence address (or Change tion (or "Fee Address" Indica	at not required.	· ·	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed 1. Reed Smith LLP 2. Stanley P. Fisher, Esq. 3. Juan Carlos A. Marquez, Esq.				
PLEASE NOTE: Unles or is being submitted ur (A) NAME OF ASSIGN HITACHI, L' Please check the appropriate a	oder separate cover. Complet NEE $\Gamma \mathbf{D}$.	ion of this form is NOT a	substitute for filing an assi	griment. (B) RES Toky	data is only appropriate when IDENCE: (CITY and STATE O, Japan Corporation or private group e	OR COUNTRY)	previously submitted to the USPTO	
4a. The following fees are		elow (will not be printed o	n the patent) indiv	ndual LEI	corporation or private group e	ntity ☐ gov ern n	nent	
□ Issue fee 4b. Payment of Fee(s):								
☑ Publication Fee	1 Publication Fee 🗵 A check is					eck in the amount of the fee(s) is enclosed.		
	Copies: 3		-	□ Paym	ent by credit card. For	m PTO-2038 is att	ached.	
					The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1480 (enclose an extra copy of this form).			
	ATENTS AND TRADEMAI			on Fee (if any) to	the application identified abo	ve.		
Stanley P. Fisher Reg M NOTE: The Issue For and Pul registered patent attorney or a Trademark Office Burden Hour Statement: This of the individual case. Any Chief Information Officer, Ur	plication Fee (if required) will gent; or the assigned or other form is estimated to take 0.2 proments on the amount of tir	hours to complete. Time ne required to complete th	one other than the applicate by the records of the Pater will vary depending on the is form should be sent to the	nt and needs	· .			
FEES OR COMPLETED FO. Assistant Commissioner for P Under the Paperwork Reducti displays a valid OMB control	RMS TO THIS ADDRESS. atents, Washington, D.C. 20 on Act of 1995, no persons a	SEND FEES AND THIS I 231	FORM TO: Box Issue Fee,	-			,	
			TO A NICHART THE FOR) /) // / / / / / / / / / / / / / / /				

Page 2 of 3

PTOL-85 (Rev.07-01) Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FRXLIB-391766.1-DGORDON 12/21/05 3:45 PM